



Right from the Start

C-NET Spring Training – 2024

Director's Name:		Phone:
Center Name:	Email:	
Address:		
City:	State:	Zip:

Check session you will be attending:

(Please use separate forms if attending multiple training sessions.)

_____ **April 6** — **N. Charleston** (Please register no later than April 1, 2024*)

_____ **April 27** — **Spartanburg** (Please register no later than April 22, 2024*)

Number attending _____ X \$55.00 * = _____

C-Net Members attending _____ X \$40.00 * = _____

TOTAL FEES _____

*Late registration fee is \$60.00/person.

***C-Net** member late registration fee is \$45.00/person.

Check # _____ (enclosed) or

Credit Card # _____ Exp. Date _____

Name on Card (print) _____

Please print or type names of those attending.

Use back of this sheet if necessary.

_____	_____
_____	_____
_____	_____

Return form to:
 C-Net, 615 St. Andrews Rd., Columbia, SC 29210
 E-mail to: C-Net@ChristianEducation.org
 Phone: 803-798-7558 Fax: 803-798-7548

For Office Use Only	
_____	Access
_____	Excel
_____	Confirm. Sent
_____	Amount Paid
_____	No. Attending